Eastern AHSN

Q&A for Invitation to tender: Evaluating the impact of the Suffolk & North East Essex Atrial Fibrillation Remote Monitoring Pilot

Last updated 8th March 2022

1. What type of professional is contacting patients to offer them the option of a device and how many will be doing so?

Once patients have been identified via a population health tool they are invited to participate in the pilot via a text message / email directly. They are then sent a link to activate a 7 day FibriCheck licence. The process and communication are agreed by the clinical and communications teams at the trust.

2. Who are the clinical team reviewing the data from the devices in terms of the type of professional and numbers?

Clinicians at both West Suffolk Foundation Trust (WSFT) and East Suffolk and North Essex Foundation Trust (ESNEFT) will review the patient reports generated from the devices. This will be approximately 2 nurses and 2 cardiologist from each trust.

3. Are there other professionals who are involved in the pilot who should be included within the qualitative element of the evaluation?

Professionals included within the qualitative element of the evaluation should include trust administrative teams, Public Health teams, nurses, cardiologist and clinic leads. This will be up to 10 people.

4. Will it be possible to match the data on patients using the devices with the heath data for patients, at an individual level via unique ID?

Yes, the data is being collected is using unique IDs. The hospital data is being compiled by the trusts.

5. Could you clarify the term "acceptable" (in terms of "How acceptable is the remote AF detection pathway for patients and professionals?") and whether you have a specific framework?

We are interested to know how appropriate the pathway and the use of the technologies are in terms of perceived effectiveness, uptake and impact on workload compared to routine care.

It would be the responsibility of the evaluation partner to develop an evaluation methodology and framework.

6. Are there any pre-pilot data for the participants that can be used (i.e. specific risk factors, treatment etc)?

No pre-pilot data has been collected.

7. Which type of data are collected during the pilot (i.e. is the outcome of interest only AF detection)?

The data collected during the pilot is detailed within the KPI table. The focus of this pilot is the acceptability and feasibility of the pathway in monitoring and detecting AF in patients remotely.

8. Are you also aiming at a comparison between the two devices?

No, the evaluation is not looking to do any specific analysis on the efficacy of the devices. The devices are being used collectively as part of the pathway.

9. The ITT and Logic Model show that 6 primary care practices are involved in the project. Can you clarify the role of the primary care practices/professionals in the pilot?

Working in partnership with Suffolk Primary Care research team, the practices will be asked to provide the initial communication with the population identified as being at higher risk of AF. The identification of this population and ongoing communication will be conducted via a separate population health tool. The communication approach at WSFT and ESENFT is different due to the functionality of the population health tools.

Due to being a pilot pathway, the procedures are in the process of being finalised

10. Is the process of recruiting/onboarding patients with FibriCheck and/or Zio XT being conducted by operational staff / health care professionals (HCPs) in primary or secondary care?

The process of recruiting / onboarding patients with FibriCheck / Zio Patch is conducted via a mixture of secondary care non-clinical and clinical staff. For example, the initiation and support of FibriCheck is conducted via the Public Health team at WSFT and the FibriCheck support team, while the Zio Patch is initiated by the clinical team.

11. Could you clarify the current pathway for AF diagnosis (in SNEE). Is diagnosis primarily conducted by HCPs in primary care?

AF detection would ordinarily be conducted within primary care but there isnt a routine way of risk stratifying and screening for AF at present. This pilot is designed to test the feasibility of offering a remote detection pathway.

We recommend reviewing the AF toolkit which provides a range of resources, including pathway guidance, methodologies and the latest AF data. Also, the NICE gudielines [NG196] Atrial fibrillation: diagnosis and management.

12. Is one of the objectives of the combined intervention (Fibricheck/Zio XT) to transition the AF diagnosis pathway away from primary care towards secondary care?

No, this is a pilot to establish the acceptability and feasibility of the remote monitoring AF pathway.

13. In order to assess what impact the remote AF detection pathway is having on the identification of AF (and the estimated impact on AF related strokes), is there a control arm or baseline data to quantify the impact. A previous response to the questions posed says "no pre-pilot data has been collected".

As part of this pilot, no control or baseline data is collected but there is an expectation that national data sources will be used to provide some assessment / analysis of impact i.e. the Quality and Outcomes Framework Data (QOF), Sentinel Stroke National Audit Programme (SSNAP) and the National Cardiovascular Intelligence Network (NCVIN).

14. If there is control arm/baseline data, is it from a similar patient demographic?

N/A, see above.